



HEALING REINS BOARD MEMBER APPLICATION

Name: _____ Daytime Phone Number: _____ Evening phone number: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____ Occupation: _____

Employment Background: _____

1. How did you first become aware of Healing Reins Therapeutic Riding Center?

2. Briefly state why you are interested in serving on the Healing Reins Board of Directors?

3. Please describe you previous and current non-profit board experience.

4. What gifts, talents, or experience would you bring to this organization?

5. A full term on the board is three years. Will you be able to commit yourself to serve on the Healing Reins Board of Directors for a full term? Please circle: **YES** **NO**
6. How many hours per month are you willing and able to devote to the organization? # Of hours _____
7. Please list names and phone numbers of two people whom we may contact for references:
 - a. Name: _____ Phone Number: _____
 - b. Name: _____ Phone Number: _____
8. If and/or when you become a Healing Reins Board Member, your name will be included on our stationery. If you prefer we do not include your name, please check the box below.
Include: _____ Do NOT Include: _____
9. Please write your name, with title (if applicable), exactly how you would prefer to have it presented on our stationary: _____

Applicant Signature: _____ Date: _____

If necessary, please attach additional sheets with answers and/or resume.

**Please return your completed Board Member Application to:
Healing Reins Executive Director at 60575 Billadeau Road, Bend, OR 97702**